



1999  
Consumer's Guide  
Medicare  
Managed Care  
in  
Missouri



Choosing a Medicare managed care plan can be complex and difficult. Follow these helpful steps to make it easier:

- ◆ Identify all plans which offer coverage in your area by calling the Community Leaders Assisting the Insured of Missouri (CLAIM) program at 1-800-390-3330 or 1-573-893-7900.
- ◆ Review the indicators in this brochure only in combination. No one indicator should be viewed as a sole direct measure of a health plan’s performance.
- ◆ Contact CLAIM for a health plan comparison worksheet and other Medicare information. Also, more managed care information is available from the Department of Health at: 1-573- 751-6279.
- ◆ Come up with your own questions and call your plan choices for answers using the phone numbers on the back. Plans can provide you a member handbook of benefits plus a list of doctors and hospitals in their Medicare network.
- ◆ Talk to your doctor, family and friends about their experiences with managed care.
- ◆ Use all information to evaluate your managed care options. Make the choice that best suits your need.

What Do Managed Care Plans Look Like?

The chart below shows financial and other indicators for managed care plans.

Plan Name	Statewide Market Share 1998	Medicare Accreditation 1998	Administrative Expense Rating* 1996-1997	Complaint Index Rating* 1997-1998
Advantra: Group Health Plan	21%	NCQA	●	●
Blue-Advantage 65: BCBS-KC	5%	NCQA	●	●
Blue Horizons: Alliance BCBS	5%	NCQA	●	○
HealthNet Senior Excel	6%	none	●	●
Humana Kansas City	16%	NCQA	●	○
Kaiser Permanente	2%	NCQA	●	●
Medicare Complete: UnitedHealthcare	39%	URAC	●	○
St. John’s Premier Plus: Mercy Health Plans	4%	none	●	●
Total Health Care 65: BCBS-KC**	—	NCQA	—	—
* This is a company-wide measure and does not derive solely from the Medicare health plan. ** Some measures were not collected for 1998				
			● High ● Average ○ Low	

Use this information to assess plan stability.

This shows the percentage of the State’s Medicare managed care plan members who are enrolled with a specific plan. It provides an indication not only of plan size but also of the plan’s ability to meet the varied health care needs of its members.

Missouri managed care plans may voluntarily seek and qualify for accreditation, indicating that they meet national quality standards from the following organizations: National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC).

This measure, which indicates efficiency, is the percentage of total income used for administrative overhead. Plans with administrative expenses less than 15% are shown as high performance, those at more than 25% are shown as low performance.

The complaint index looks at the number of consumer complaints the Department of Insurance received in the past two years relative to the size of the managed care organization in Missouri and compares this to the industry average. Plans at less than 50% of industry average are shown as high performance; more than 100% of industry average is shown as low performance.

# How Well Do Medicare Managed Care Plans Perform?

Indicators of specific aspects of preventive health care services and member's satisfaction with their plan.

Plan	Quality of Care			Reminders			Member Satisfaction					
Medicare Managed Care Plan	Breast Cancer Screening	Diabetic Eye Exam	Mental Health Hospitalization Follow-up	Breast Cancer Screening	Immunizations	Well Woman Checks	Getting Needed Care	Ease of Getting Referrals	Getting Care Quickly	How Well Doctors Communicate	Overall Rating of Care Received	Overall Rating of Health Plan
Advantra: Group Health Plan	●	○	●	●	●	●	●	●	●	●	●	●
Blue-Advantage 65: BCBS-KC	○	○	N/A	●	●	●	●	●	●	●	●	○
Blue Horizons: Alliance BCBS	○	●	N/A	●	●	●	●	●	●	●	●	○
HealthNet Senior Excel	●	●	N/A	●	●	○	●	●	●	●	●	●
Humana Kansas City	●	●	●	●	●	●	●	●	●	●	●	●
Kaiser Permanente	●	●	N/A	●	●	●	○	●	●	●	○	○
Medicare Complete: UnitedHealthcare	●	○	●	●	●	○	●	●	●	●	●	●
St.John's Premier Plus: Mercy Health Plans	N/A	●	N/A	○	○	○	NR	NR	NR	NR	NR	NR
Total Health Care 65: BCBS-KC	●	○	N/A	●	●	●	●	●	●	●	●	●
State Managed Care Averages	72%	49%	53%	—	—	—	87%	86%	90%	94%	86%	82%

Use this information to assess the quality of health care and managed care services of plans you are considering joining. Quality of care and satisfaction levels are benchmarked to State averages.

Percent of women (52-69) who had a mammogram in the past 2 years.

Women should consult their physician to set a schedule for breast cancer screening based on family history and other risk factors. Full screening includes a clinical breast exam and a mammogram.

Percent of diabetics having an eye examination in the past year.

Early detection and treatment can reduce the numbers of eye problems and blindness associated with diabetes. Annual eye exams are recommended for diabetic patients.

Percent of patients receiving follow-up after discharge for mental health hospitalization.

Mental health hospitalization follow-up ensures that prescribed medications are being taken and producing the desired effect. More importantly, it assures the patient and mental health provider stay in touch.

Most managed care plans encourage use of preventive services such as mammograms, immunizations, and well woman checks through reminder letters or phone calls. Reminders are a valuable benefit for many who may be vulnerable to health problems. Many of these preventive services, such as flu shots and screenings are tailored to the special needs of seniors.

No problem getting good doctors and nurses, referrals, and necessary care without delays.

Managed care does not mean reducing quality of care. Instead, health plans and physicians work with the patient to avoid unnecessary treatment and costs.

No problem getting a referral to a specialist.

When your doctor believes a treatment is needed and right for your condition, you should be able to obtain health plan approval and a referral to a specialist without problems.

No delay getting advice, routine care, or quick treatment for illness or injury.

Managed care plans monitor the delivery of health care including timely scheduling of doctor visits and prompt treatment.

Doctors and nurses listen and explain things clearly; they spend enough time with me.

When health care providers listen and talk things over with patients it is easier to correctly diagnose and treat patients' health needs.

Generally, very satisfied with my health care.

Patients usually distinguish between health care received from providers and services supplied by their health plans. However, the delivery of quality health care is a partnership between the health plans and their network of providers.

Generally, very satisfied with my health plan.

Health plan satisfaction includes quality of care as well as non-medical issues such as clinic/hospital locations, hours of operation and customer service.

## Performance Levels

- — High/Good
- — Average
- — Low/Needs Improvement
- N/A — Numbers too small to report
- NR — Not reported by plan

# Member Services Telephone Numbers

Medicare Plan	Customer Service	RN Hotline
Advantra .....	800-533-0367 .....	314-493-9090 800-580-9733
Blue-Advantage 65 .....	816-395-3062 .....	816-395-3989
	(TDD) .....	816-842-5607
Blue Horizons .....	800-932-4480 .....	888-485-2583
HealthNet Senior Excel .....	800-804-3246 .....	800-533-0844
Humana Kansas City .....	800-992-2551 .....	800-622-9529
Kaiser Foundation Health Plan .....	800-726-5247 .....	913-385-1155
	913-642-2662	
Medicare Complete .....	800-656-0065 .....	877-365-7949
	314-592-7996	
St. John's Premier Plus .....	800-481-4466 .....	800-909-8326
	(TDD) .....	800-446-1468
Total Health Care 65 .....	816-395-2525 .....	816-395-3989
	(TDD) .....	816-842-5607

For further information about this Consumer's Guide, contact:

Health Care Performance Monitoring Bureau,  
Missouri Dept. of Health  
P.O. Box 570, Jefferson City, MO 65102-0570  
(573) 751-6279



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The Missouri Department of Health has attempted to publish accurate information based upon common definitions. The data reported in this brochure are based on plan performance during 1998. Managed care plans were given an opportunity to review and correct the data presented. Other corrections or suggestions should be forwarded to the Center for Health Information Management and Epidemiology, Missouri Department of Health, PO Box 570, Jefferson City, MO 65102. Our telephone number is (573) 751-6279. A companion technical report, containing the data and statistical formulas used, is also available for \$10.

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